4.1									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOBEST AVAILABLE COPY													
Effective October 1, 2000 09/9/2804													
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_			(Column	1)	(Column 2)		٢	TYPE		OR	OR SMALL ENTIT		
TOTAL CLAIMS			α.					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		8	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			ენ minus 20≃		•			X\$ 9=		OR	X\$18≂		
INDEPENDENT CLAIMS			minus 3 =					X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT			+135=				OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOŢAL	355	OR	TOTAL		
/、ア 人上CLAIMS AS AMENDED - PART II											OTHER		
	(Column 1) (Column 2) (Column 2) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY	
ENT A	REMAINING AFTER AMENDMENT		NUM PREVIO PAID		BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee	
AMENDMENT	Total	. 10	Minus	. á	0	=		X\$ 9=	_	OR	X\$18=		
AME	Independent · 2		Minus •••		3		lΓ	X40=	1	OR	X80=		
ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	_	OR	+270=		
A /								TOTAL	_	OR	TOTAL ADDIT, FEE		
B.	27.04 (Column 1) (Column 2) (Column 3							ODIT. FEE			ADDII. FEEI		
8	CLAIMS REMAINING				IEST		1 г		ADDI-			ADDI-	
F		AFTER AMENDMENT		PREVI		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	. 10	Minus	·á	D.	= ~		X\$ 9=	_	OR	X\$18=	1 55	
AME	Independent	· 2	Minus	••• (<u>う</u>	=	!	X40=	1	OR	X80=		
┞	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, [+135=	_	OR	+270=		
								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
o		CLAIMS REMAINING		HIGH	IEST IBER	PRESENT	Ιг		ADDI-			ADDI-	
Ę		AFTER AMENDMENT		PREVI	OUSLY	EXTRA	H	RATE	TIONAL FEE		RATE	TIONAL FEE	
NDMENT C	Total	•	Minus	••		=	1 F	X\$ 9=		OR	X\$18=	1 5 5	
AME	Independent	•	Minus	•••		Ξ	!	X40=			X80=		
الــُــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+270=		
"If the "Highest Number Proviously Paid For IM THIS SPACE is long than 20 onter "20"											TOTAL ADDIT. FEE		
		ber Previously Pai					er toun	d in the app	ropriate box	in col	umn 1.		
									_				

FORM PTO-875 (Rev. 8/00)